

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

FILED NO.  
10/555976  
APPLICATION

FILED DATE

CLAIMS

	AS FILED		AFTER + AMENDMENT		AFTER - AMENDMENT			AS FILED		AFTER + AMENDMENT		AFTER - AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2					1		52						
3							53						
4							54						
5							55						
6							56						
7			1				57						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL P.D.													
TOTAL D.P.													
TOTAL CLAIMS													